

**Contract Monitoring Deliverables**  
**Healthy Mothers, Healthy Babies Contract**  
**EXHIBIT A - Statement of Work and Cost**  
**July 1, 2001 - June 30, 2003**

Due Date is the date by which work must be completed. Addenda include budget specifics and requirements for each report listed in the deliverables section. Any back up documentation for these reports must be available for DOH review for a period of seven (7) years; e.g., completed screening and referral forms. The number of forms for each item must equal the number claimed in each report. Deliverables are to be submitted to the appropriate DOH program contract manager

Task #	Task Description	Deliverables	Due Date	Maximum Consider - ation	Jul-Sep 01	Oct-Dec 01	Jan-Mar 02	Apr-Jun 02	SFY02
<b>I.</b>	<b>Toll-Free Information and Health Care Referral Line Activities:</b>								
	<b>A.</b> Maintain and operate a toll free (1-800) information and health care referral line with multi-lingual and transfer capacities that will serve an average of at least 5,400 calls per quarter with at least 2,700 "clients" with complete demographic data. Callers meet the criteria as a client if complete demographic information is obtained and if they are screened for needed services.	Quarterly Report (September, December, March, June)	Quarterly (last day of each of these months: October, January, April, July)	I. A-J. \$811,718 Per Contract Exhibit B.					
	The 1-800 line will operate a minimum of 45 hours per week. A 24-hour voice mail will be used for callers to leave messages as needed; staff will return these messages as soon as possible, usually within the next business day.	Annual Report (Calendar year)	March 31, 2002 & March 31, 2003						
	<b>B.</b> Screen clients for the need by any member of their family for Medicaid services and for other medical coverage or services, immunizations, family planning, WIC, ASK, Child Profile, breastfeeding support, prenatal care, Quit Line (smoking cessation services) and make appropriate referrals, including informing callers of how and where to apply for these services.								
	<b>C.</b> Collect data on 1-800 line "clients" and report in the quarterly and annual report. The data that will be collected and reported includes: total number of clients, caller type, county, racial/ethnic data, gender, language,								

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	<p>age, Medicaid status, WIC status, reason for the call, how learned of line, source of Medical Care, if client has seen a provider for pregnancy, reason if prenatal caller has not seen a provider, immunization status if there are children in the family, reason why if immunizations are not up to date, what referrals were made and month of contact. Referrals for each service will be reported including the number of referrals to Quit Line.</p> <p>Maintain a statewide confidential database with this information. Report information on the number of non-client callers.</p>								
I. (cont.)	<p><b>D.</b> Maintain a health referral database which includes resources and services for applying for Medicaid eligibility and services, prenatal care, WIC, family planning, and child health, including immunization and children with special health care needs.</p>								
	<p><b>E.</b> Mail an average of 30 family planning educational packets, 450 child health packets and 1,000 prenatal packets per quarter. Offer to mail packet to every new client. Immunization information will be included in all prenatal and child health packets.</p> <p>The contents of the packets shall be determined in collaboration with DOH representatives. All packets will include an environmental tobacco smoke (ETS) brochure and a Quit Line pamphlet. The packets, available in Spanish and English, will be mailed within 15 working days of the request.</p>								
	<p><b>F.</b> Evaluation/Quality Improvement Activities</p> <p>Conduct ongoing analysis of 1-800 line data for continuous quality improvement efforts. Use this information to determine effectiveness of various outreach efforts.</p>								
	<p><b>G.</b> Develop a system for obtaining immunization status information from clients with children. The information shall include whether the child's immunizations are up to date, and if they are not, the reason(s) they are not up to date. This system will be developed in coordination with DOH</p>	Quarterly Report for October-December 2001	January 31, 2002						

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	immunization representative and will be in place by October 2001.								
I. (cont.)	<b>H. MIH Outreach Activities</b>  Mail a baby book to at least an average of 2,800 women per quarter who return the signed tracking card within 15 working days of receipt of the card; distribute baby books through the direct distribution plan for high-risk women. The books shall be available in English, Spanish, Russian, Korean, Vietnamese, Chinese, and Somali.	Quarterly Report (September, December, March, June)  Annual Report (Calendar year)	Quarterly (last day of each of these months: October, January, April, July)  March 31, 2002 & March 31, 2003						
	<b>I. Maintain public/private partnership for contract activities</b> through raising a minimum of \$100,000/year, including in-kind contributions, in local funds for additional activities.	Quarterly Report (September, December, March, June)  Annual Report (Calendar year)	Quarterly (last day of each of these months: October, January, April, July)  March 31, 2002 & March 31, 2003						
	<b>J. CHILD Profile Activities</b>  Assist CHILD Profile callers to assure they receive needed services. Maintain the electronic linkage with the CHILD Profile database, update the database with information provided by parents, and provide information to the CHILD Profile central system located at Public Health Seattle/King County (PHSKC).  HMHB Information Referral Specialists participate regularly in meetings with CHILD Profile health promotion operations staff to assure smooth operations. HMHB representatives participate in the review & revision of CHILD Profile Materials Development.	Weekly reports to the central CHILD Profile system, located at PHSKC, of parents who want to correct a name or address, did not receive materials, need the materials in another language, or do not wish to participate in CHILD Profile health promotion.  Quarterly Report (September, December, March, June)  Annual Report (Calendar Year)	Weekly (by Friday COB).          Quarterly (last day of each of these months: October, January, April, July)  March 31, 2002 & March 31, 2003						

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I. (cont.)	<b>K. Tobacco Outreach Activities</b> <ul style="list-style-type: none"><li>- Mail up to 500 English &amp; Spanish packets per month with Quit line referral information and ETS information.</li><li>- Mail up to 200 Child-Health packets per month with Quit line referral information and ETS referral information.</li><li>- IRS line staff will use tobacco script and make referrals to Quit Line.</li><li>- Enter data on Quit Line referrals in client and referral databases.</li></ul>	Quarterly reports of number of packets with Quit Line and ETS info mailed.  Quarterly reports of number of clients referred by IRS line staff to Quit Line.	Quarterly (last day of each of these months: October, January, April, July) Quarterly (last day of each of these months: October, January, April, July)  Final report due June 30, 2002	I.K. \$30,000 was changed from \$60,000 Per Contract Exhibit B.					

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II.	<b>ASK Line Activities:</b>								
	<b>A.</b> Develop and maintain collaborative relationships with CSHCN stakeholders to seek, identify and integrate new information for families with children with special health care needs, including information on health services such as Healthy Options into the ASK database.	Quarterly Report (September, December, March, June)	Quarterly (last day of each of these months: October, January, April, July)	II. A-C. \$36,000 Per Contract Exhibit B.					
	<b>B.</b> Maintain a schedule and system for updating and adding to the ASK database by county.	Revised "ASK Schedule and System for Updating"  Quarterly Report (September, December, March, June)	Quarterly (last day of each of these months: October, January, April, July)						
	<b>C.</b> Utilize and evaluate new marketing schemes to continue to promote the ASK line statewide to reach families with children with special health care needs, including those with limited incomes.	Revised "ASK Promotion Plan"  Quarterly Report (September, December, March, June)	Quarterly (last day of each of these months: October, January, April, July)						

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III.	<b>Immunization Outreach Activities:</b>  <b>A.</b> Conduct immunization outreach activities through the Immunization Action Coalition of Washington (IACW), to encourage Washington citizens, especially low-income families, to call the 1-800 hotline for immunization services. The IACW functions as a community advisory group for the State Immunization Program and extends the reach of the 1-800 hotline into local communities through direct services to clients related to Immunization issues.	Quarterly Report (September, December, March, June)  Annual Report (Calendar Year)	Quarterly (last day of each of these months: October, January, April, July)  March 31, 2002 & March 31, 2003	III. A-B. \$60,920 Per Contract Exhibit B.					
	<b>B.</b> Provide administrative support and community outreach activities to reach Medicaid and Medicaid-eligible families, as well as all other WA residents. Activities will be determined by the Executive Director of HM,HB and submitted to and accepted by the DOH Immunization program. These activities will include, but are not limited to: providing referrals to clients to receive services, at clinics, LHJ's, and private providers; including the 1-800 number on immunization related outreach materials as well as PSAs targeted to clients; and representing the DOH positions on immunizations with other outreach activities that directly reach our clients. These activities may not include lobbying.  The goal of these activities will include, but not be limited to, increasing immunization rates for Washington State residents; providing balanced information to clients on the advantages/risks and effectiveness of vaccines; and providing resources for clients to obtain additional information on vaccines.								

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IV.	<b>WIC Outreach Activities:</b>								
	<b>A.</b> Conduct ongoing WIC Outreach activities targeting families with a limited income including Medicaid clients and Medicaid eligible families, submitted to and accepted by DOH representative, to publicize the 1-800 line, the availability of WIC benefits, and the health referral information available from the 1-800 line.	Quarterly Report (September, December, March, June)  Annual Report (Calendar Year)	Quarterly (last day of each of these months: October, January, April, July)  March 31, 2002 & March 31, 2003	IV. A-Q. \$192,000 Per Contract Exhibit B.					
	<b>B.</b> Review data on 1-800 line callers for trends, target populations reached, and outcomes of outreach activities, and use the information in developing outreach strategies to reach families with a limited income including Medicaid clients and Medicaid eligible families.								
	<b>C.</b> At least 4 times a year, conduct activities to generate free publicity/outreach to encourage clients with a limited income to call the 1-800 line for WIC and other health services including Medicaid.								
	<b>D.</b> Translate outreach materials publicizing the 1-800 line into specific languages to reach a specified targeted audience.								
	<b>E.</b> To assist in determining methods of reaching limited income, limited English speaking clients currently not participating in WIC, conduct 2 focus groups.								
	<b>F.</b> Conduct outreach activities for WIC and the 1-800 line, targeting various audiences such as: limited English proficiency, homeless facilities, and battered women's shelters, to reach clients with limited income who are eligible for WIC services including Medicaid clients and Medicaid eligible families.								
	<b>G.</b> Conduct outreach projects using incentives for publicizing the 1-800 line to determine the effectiveness of incentives in reaching limited income families.								
	<b>H.</b> Maintain a listing of the toll free 1-800 line under the heading of WIC in the white pages and or blue government pages of telephone directories statewide. This listing shall exclude the address.								

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IV. (cont.)	I. Conduct outreach evaluation activities targeting potential WIC and Medicaid clients as part of the overall evaluation plan for 1-800 line services.								
	J. Update/Revise outreach materials as needed to include updating the income eligibility criteria.								
	K. Fill requests for updated county specific or special order WIC outreach materials publicizing the 1-800 line. Mail material(s) to requester within one week.								
	L. Initiate a Val Pak Campaign in specified areas of the state.								
	M. Conduct a pilot outreach project to reach limited income families through collaboration with their employer.								
	N. Conduct a call back survey of WIC callers.								
	O. Implement outreach to Medicaid clients by including an insert with a monthly Medicaid mailing at least once per year to reach at least 240,000 households.								
	P. Continue development and maintenance of WIC web page in collaboration with DOH WIC representative. Maintain links with Medicaid, food stamps, child care program and local WIC links. Target the information in the web site to meet the needs of limited income families, those on Medicaid and those who are Medicaid eligible.								
	Q. By April 30 each year send out a notification mailing to those non-WIC agency contacts that have ordered WIC flyers in the past. Inform them that the income guidelines for WIC have changed and encourage them to order new materials.								



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V.	<b>WIC Breastfeeding promotion and 1-800 publicity/outreach/clients access activities.</b>  <b>A.1.</b> Conduct and facilitate ongoing breastfeeding promotion and outreach activities for limited income clients with the Breastfeeding Coalition of Washington including providing technical support and conducting breastfeeding coalition activities with local coalition sponsors in consultation with DOH/WIC staff or representative. The goal of these activities will include, but not be limited to, reducing community barriers to breastfeeding for low-income women, linking low-income breastfeeding women to lactation support services, WIC and other health services such as Healthy Options, and educating them about the health benefits of breastfeeding. This may not include lobbying.  Include 1-800 line number on all client outreach and client breastfeeding promotion materials in an effort to reach families with a limited income.	Quarterly Report: September 2001, December 2001	October 31, 2001 & January 31, 2002	V. A-B. \$43,416 Per Contract Exhibit B.					
	<b>A.2.</b> Conduct breastfeeding promotion and outreach activities for the 1-800 line to reach low income women as outlined in the World Breastfeeding Week Plan including providing support to local WIC clinics and local breastfeeding coalitions.	Summary of activities conducted during World Breastfeeding Week in January 2002 quarterly report.	January 31, 2002						
	<b>A.3.</b> Provide training on breastfeeding promotion and support to local WIC staff and other health care professionals including information on the 1-800 line as a resource for health referrals for clients and WIC services for low-income women.	Training report included in January 2002 quarterly report	January 31, 2002						
	<b>B.</b> Assess the need and culturally appropriate content of breastfeeding support packet for Spanish-speaking WIC or WIC eligible women who are working or planning to work after delivery. Activities include, but are not limited to:  1. Obtaining input on need and content from health providers who provide services to WIC or WIC eligible clients,	Written update on survey/focus group summary until completed.	October 31, 2001 & January 31, 2002						

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	<div>2. Conducting a minimum of 3 focus groups of WIC or WIC eligible Spanish speaking clients that identify work issues that hinder breastfeeding and whether a packet of information would address at least half of those issues. A minimum of one group will be from a rural setting.</div> <div>3. Provide written summary of survey/focus group results.</div> <div>4. Develop any text messages for review and revision by DOH representative(s) that would be further tested on identified population.</div>								